## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H93368

(9)

LE PRESTIGE SALON, INC.

Principal Place of Business	Mailing Address	

**FILED** Jan 23 1998 8:00am Secretary of State



12484 S.W. 8TH ST. 12484 S.W. 8TH ST. V:AMI FL 33184 MIAMI FL 33184 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1986 Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2652462 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζıp Country Country 8. This corporation owes or has paid the current year Intangible 24 30 29 Personal Property Tax due June 30. ☐ No Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 NATALIO, RAUL DELGADO 12484 SW 8TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33184 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Change ☐ Addition GOYRIENA, YAMILE NAME 12 NAME 12484 SW 8TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33184 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition DELGADO, NATALIO R NAME 2.2 NAME 12484 SW 8TH ST STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on a pattachment with an address.

SIGNATURE:

1.1398